COMBINED DECLARATION FO APPLICATION WITH POWER O	ATTORNEY'S DOCKET PR60211USw First Names Inventor:				
			BARVIAN Complete if known:		
			App No.:		
() Declaration submitted with initial filing or					
() Declaration submitted after initial filing (surcharge red	quired 37CFR1.16(e))		Filing Date		
·			Group Art Unit:		
As below named inventor. I hereb	by declare that:				
My residence, post office address and citize	enship are as stated belo	w next to my name.			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
HET	EROCYCLIC MCHR1	ANTAGONISTS			
the specification of which (check only one i	item below):				
[]is attached hereto. OR					
[x] was filed on as Unite	ed States application Ser	rial No or PCT I	nternational		
Application Number PCT/US04/ filed April 6, 2004 and was amended on (MM/DD/YYYY) (if applicable)					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed: PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:					
	Country	Foreign Filing Date	PRIORITY		
Number (s)		(MM/DD/YYYY))	CLAIMED		
1. 2.					
3.					
4.					
5.					
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:					
Application No. Filing Date (MM/DD/YYYY) 1. 60/462,292 April 11, 2003			·		
1. 60/462,292 April 11, 2003 2.					

DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

Five Moore Drive, PO Box 13398

ATTORNEY'S DOCKET NUMBER

PR60211USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR	U.S. PARENT A	PPLICATION or PCT PARENT A	PPLICATION			
			STATUS (Check one)			
U.S. Parent Application or PCT Parent Number		PCT Parent Parent Filing D (MM/DD/YYY		PATENTED	PENDING	ABANDONED
DOWEI	OF ATTORNEY	: As a named inventor, I hereby appoint th	na practitioners asso	ociated with the	Customer Numbers	provided below to
TOWER	a this application on	d to transact all business in the Patent and	Trademark Office	connected there	with	provided below to
		d Customer Number 20462	Trademark Office	connected there	with	
			1 22247		Direct Telephone Ca	lls to:
Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398			Bonnie L. Deppenborck 919-483-483-1577			
hereb	v declare that all st	tatements made herein of my own know	vledge are true a	nd that all state	ements made on inf	ormation and belief
re beli	eved to be true: or	nd further that these statements were m	ade with the know	wledge that wi	llful false statemen	ts and the like so
mode o	re nunishahle by fi	ine or imprisonment, or both, under 18	IISC 1001 and	that such wil	Iful false statement	s may jeopardize
		tion or any patent issuing thereon.	0.5.C. 1001, am	u tilat sucii wii	mui mise statement	is may jeoparonee
lie van	uity of the applica	-				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	INITIAL
2	OF INVENTOR	BARVIAN	Kevin		K Date:	
	INVENTOR'S	Signature			Date: //25 //	n <i>4</i> ∕
0	RESIDENCE &	CITY	STATE OR FOREIGN	COUNTRY	COUNTRY OF CITIZE	NSHIP
U	CITIZENSHIP	Durham	NC		US	
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/Co	
i	ADDRESS	GlaxoSmithKline	Research Tria	ngle Park	North Carolina	a 27709, US
	Ì	Five Moore Drive, PO Box 13398				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAMI	E/INITIAL
2	OF INVENTOR	CARPENTER	Andrew		J	
	INVENTOR'S	Signatura Campu	A. O. A. Y. Change &		Date: 5/25//	n 4
	SIGNATURE	CITY CITY	T STATE OR FOREIGN COUNTRY		5/05/0	NSHIP
0	RESIDENCE &	Durham	NC	COUNTRI	US	
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/C	OUNTRY
2	ADDRESS	GlaxoSmithKline	Research Tria	ingle Park	North Carolina	a 27709, US
2	1 ADDRESS	Five Moore Drive, PO Box 13398		Ü		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	:	SECOND GIVEN NAM	E/INITIAL
2	OF INVENTOR	COOPER	Joel		P	
	INVENTOR'S	Signature		Date: / 25- / 0		
	SIGNATURE	1113		5/25/0	4	
0	RESIDENCE &	CMY	STATE OR FOREIGN	N COUNTRY	COUNTRY OF CITIZE	ENSHIP
	CITIZENSHIP	Durham	NC		STATE & ZIP CODE/O	COUNTRY
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3	ADDRESS	GlaxoSmithKline	Research Tri	angie Park	North Caronn	a 21107, US

DECLARATION FOR "371" APPLICATION

_	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	FELDMAN	Paul	L
j	INVENTOR'S	Signature		Date:
i	SIGNATURE	Signature A File		5/25/04 COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY L. D. L.	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GARRIDO	Dulce	M
	INVENTOR'S	Signature A. M. L. A.		Date:
	SIGNATURE	Sale M. Janis		COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
	CITIZENSHIP	Durham	NC	US
_	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GUO	YU	C
	INVENTOR'S	Signature (Date:
_	SIGNATURE	TANKE THE		5 /05/04 COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
	CITIZENSHIP	Durham POST OFFICE ADDRESS	NC CITY	CN STATE & ZIP CODE/COUNTRY
	POST OFFICE	GlaxoSmithKline		North Carolina 27709, US
6	ADDRESS		Research Triangle Park	North Caronna 27703, 03
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HANDLON	Anthony	L
	INVENTOR'S	Signature Study V. Handler		Date:
	SIGNATURE	CITY VINY V · / S WINDIN	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	Durham	NC	US
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	POST OFFICE	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
,	ADDRESS	Five Moore Drive, PO Box 13398	Research Thangle Fark	1,01111 Caronna 27703, CC
		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	FULL NAME	HERTZOG	Donald	L
2	OF INVENTOR INVENTOR'S		Donaid	Date:
	SIGNATURE	Signature J. J.		COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
U	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
J		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HYMAN	Clifton	E
2	INVENTOR'S	Signatury //		Date:
	SIGNATURE	17 XM Mkts		5/25/04
0	RESIDENCE &	OHY S	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
J	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9	ADDRESS	Glaxo\$mithKline	Research Triangle Park	North Carolina 27709, US
•		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PEAT	Andrew	J
2	INVENTOR'S			Date:
	SIGNATURE			5/25/04
ì	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
•	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
-	ĺ	Five Moore Drive, PO Box 13398		
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DECLARATION FOR "371" APPLICATION

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PECKHAM	Gregory	E
Ì	INVENTOR'S			Date:
1	SIGNATURE	Signature of State or Foreign Country STATE OR FOREIGN COUNTRY		15/25/04
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC	US
Ī	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SPEAKE	Jason	D .
1	INVENTOR'S	Signature		Date:
	SIGNATURE	in the		5/25/04 COUNTRY OF CITIZENSHIP
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
	CITIZENSHIP	Durham /	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
. 1	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SWAIN	William	R
	INVENTOR'S			Date:
	SIGNATURE	White &c		COUNTRY OF CITIZENSHIP
1	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	US
	CITIZENSHIP	Durham POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	POST OFFICE	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
3	ADDRESS		Research Thangle Fack	North Caronna 27703, 03
		Five Moore Drive, PO Box 13398	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
•	FULL NAME	TAVARES	Francis	X
2	OF INVENTOR	Signature	Francis	Date:
	INVENTOR'S			1 5/25/04/
	SIGNATURE RESIDENCE &	CITY James James	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ì	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
7	ADDRESS	Five Moore Drive, PO Box 13398	1.0000000000000000000000000000000000000	,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	ZHOU	HUIQIANG	5
2	INVENTOR'S	Signature /	1.0.0.0	Date:
	SIGNATURE	Hlur Th-	,	5/25/04
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
'	CITIZENSHIP	Durham	NC	CN
	POST OFFICE	POST OFFICE ADDRESS	СІТУ	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
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